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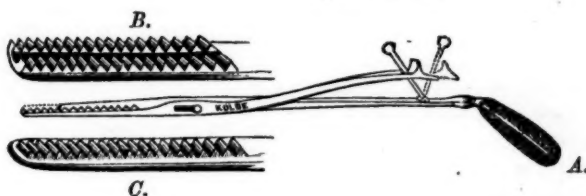
[Vol. XIX:—No. 12.]

ORIGINAL DEPARTMENT.

Communications.

ECRASEUR FORCEPS FOR THE REMOVAL OF UTERINE FIBROIDS.

BY D. HAYES AGNEW, M. D.,
Of Philadelphia.



The thought of an instrument, such as is figured above, occurred to me in consequence of some difficulty experienced in detaching a fibroid from its uterine attachments.

It consists of two blades, one stationary, and the other movable. The stationary blade is the longer of the two, its handle bent down, and a lever hinged to its upper surface. The movable blade has an opening or slit at one end, for the passage of the lever, and where it articulates with its companion, another oblong slit, allowing it to move back and forth horizontally. The anterior extremities of the blades are serrated; the upper or stationary one with a central groove, with teeth or serrations on either side (B), and the lower or movable one with the teeth or serrations in the middle (C). The cut exhibits the entire instrument and also the fashion of the extremities.

The application is best suited for pedunculated growths, and in using it, the tumor should be seized with a pair of Volsella forceps and drawn well down, the blades of the instrument carried on either side of its neck,

then gently pressed together, at the same time imparting the horizontal movements through the lever, when it will be rasped away with very great rapidity, and the vessels so lacerated as to prevent the effusion of blood. Thus far it has proved perfectly satisfactory, both in my own hands and those of others. For the construction of this instrument, I am indebted to Mr. KOLBE, one of our distinguished surgical cutlers.

OPERATION FOR STRANGULATED HERNIA IN A PATIENT ÆT. 82 YEARS—RECOVERY.

BY P. L. GREENLEAF, M. D.,
Of Thompsonstown, Pa.

May 1st, 1868, evening.—Was called to see Mr. R., æt. 82 years, suffering from oblique inguinal hernia of both sides, of long standing, —his present suffering referred to the right side.

On examination, found hernia of that side irreducible, very large and incompressible; that of left side reducible, also very large; both extending into and distending scrotum enormously.

Patient complained of flatulence, colicky pains, sense of tightness across the abdomen, which symptoms had existed for 72 hours, with anxiety of countenance and fetid eructations, evidently premonitory of stercoraceous vomiting. Diagnosis, "strangulated hernia of right side."

The patient was also laboring under valvu-

lar disease of the heart, with irregularity of the heart's action, though of a bilious temperament, strong nervous system and remarkable muscular vigor.

The taxis was employed but to no avail. Blood-letting was thought of, but without promise of much good,—all other measures for its reduction being deemed useless, I decided to operate.

On visiting my patient the next day for that purpose, accompanied by Dr. L. E. ATKINSON, I found all the symptoms increased—some vomiting of faecal matter, and without any operation no hope of prolonging life. My opinion was at once made known to the friends and the patient.—Dr. L. E. A. concurring—an operation recommended, its immediate importance and advantage as a remedial measure urged in the hope of giving any chance for relief.

The friends submitted all to the patient, and though a man of four-score years, and a consistent Christian, chose rather to undergo the ordeal of surgery with the faint hope of living yet a little longer, than to resign himself to his fate, and denounce the knife as cruel and useless. Accordingly Dr. L. E. ATKINSON conducted the anæsthetic (chloroform), and I operated as follows:

An incision five inches in length was made immediately over the course of the tumor, and extending as high as the lower border of the internal abdominal ring—each layer of the covering was taken up and divided separately upon a grooved director, and the sac exposed; an attempt was now made to reduce a portion of the strangulated gut, but without avail. Sac was laid open and divided upon a director, when a quantity of serum escaped, to some extent reducing the size of the tumor and rendering manipulation more easy. I now discovered the seat of the strangulation as being at the external ring, caused by the fibres of the internal oblique muscle. I also found the old hernia to be omental, considerably indurated, thickened and forming adhesions to the sac, the stricture grasped a loop of intestine recently escaped from the abdomen, and which was found considerably dis-

colored, evidently the cause of the whole train of symptoms.

After several futile attempts to dilate with the fingers, I introduced a probe-pointed bistoury, with index finger as a guide, and divided the stricture by cutting upward to avoid wounding the epigastric artery, and returned the strangulated gut, but made no attempt to restore the old protrusion on account of its extensive adhesions. The wound was closed by six silver-wire interrupted sutures, supported by strips of emplastrum adhesivum, with compress and bandage completed the operation. Very little hemorrhage occurred during the operation, probably a half an ounce at the most.

Patient rallied from the effects of anæsthetics, after voiding contents of stomach "*per orem*." The operation and anæsthesia lasted one hour and twenty minutes,—it would be proper to remark that the patient could not be fully ætherized on account of the condition of the heart as above stated.

After treatment was tinct. aconita rad. gtt. vj. every six hours, to control the circulation. Opium gr. j. twice a day to allay pain—restricted to mild diet, wice whey and game broth.

There was no natural passage from the bowels for eight days, when an injection was administered, per rectum, and a large quantity of hard faecal matter was voided, after which the alvine evacuations occurred regularly.

The wound healed mainly by first intention; not a single untoward symptom manifested itself during the after treatment, and at the end of three weeks he was able to sit up and wear a truss to support the inguinal region. The patient is now in his usual health, and has experienced no trouble referable to his hernia since the operation, and considers himself quite well.

The lesson to be learned from this case is one which cannot be too forcibly impressed upon the mind of the practitioner, viz., In cases of strangulated hernia do not postpone operating until it is too late for surgical interference to save our patients, and that extreme age, *per se*, presents no barrier against severe surgical operations.

A POCKET CASE OF MEDICINES FOR ACTIVE PHYSICIANS.

By ABRM. LIVEZEY, M. D.,
Of Philadelphia.

Graduates in Medicine, who are about setting forth to practice physic, are often at a loss to know what medicines are most needed, and how to make up a pocket book, or fill a pocket CASE of vials with those remedies most frequently had recourse to in practice, so as to enable them to issue forth, on any and every emergency, and feel prepared to meet the case and fulfil the indications that may present themselves. In other words, to carry with them, in their daily rounds among the sick, such remedial means as will enable them to feel that they are armed at all points;—to be *semper paratus*—is truly a satisfaction and a desideratum.

From much experience in general practice, in town and country, I would advise the following for ready portable purposes: Provide a good sized old-fashioned *note* pocket book (or have one made to order with flaps,) for powder packages, and a case holding 24 three dr. vials with a pocket, which of itself will in most cases be sufficient. The pocket book, (judiciously filled) is useful in treating chronic cases, or if you have an extensive practice, or delight in giving much medicine or large doses; or if you desire to be provided with packages of vegetable bitters, astringents, some preparations of iron, pulverized alum, senna and jalap, ipecac., etc. The CASE can only be filled, properly, with more active agents and in concentrated forms. For instance, supposing the *pocket-book* will furnish a direct emetic, as alum and sulphate of zinc, or an indirect one, as ipecac., or lobelia; we shall still need a convenient nauseant, expectorant and diaphoretic, and therefore will fill vial No. 1 with emetine or lobelin, with fl. ext. ipecac., or lobelia, according to the predilections of the practitioner. Nos. 2, 3 and 4 may contain cathartic combinations, as hydrarg. et ipecac., hydrarg. et jalapa, podophyllin, etc. A *worm* physic is indispensable, for as Prof. MITCHELL once remarked that *physic* alone would cure nine-tenths of the ailments of

children, I am sure the assertion will prove the better verified, if we combine a suitable worm medicine with it. Fill No. 5 then with antonine and podophyllin in the proportion of 8 to 1,—one to two grains of which, *ter die*, makes a convenient and admirable *worm medicine*. The physician next needs a vial of the great intermittent remedy, sulphate of quinine, No. 6; or if fever is present, tr. aconit. fol., No. 7, in two or three drop doses, every two hours, will be found far more efficient than sp. ether. nit.; or if the case is marked by violent inflammation, then tr. verat. vir., No. 8; or if neuralgia, dysmenorrhœa, spasm, dysentery, etc., attend, tr. gelseminum, No. 9; to compose the patient, allay irritation, Dover's powder, with or without camphor, No. 10, will be needed; in other cases, more powerful anodynes will be required, and therefore you will need a vial, No. 11, filled with morph. sulph., and another with pills of opium and camphor, No. 12. Nos. 13 and 14 can be devoted to pills—the kind subject to individual notion or fancy; pulv. chlorate of potassa, a simple remedy for aphtha, sore throat, scarlatine simplex, etc., should find a place in No. 15; oil of erigeron, for cases of uterine hemorrhage (gtt. vi, every 15 minutes dissolved in teaspoonful alcohol), in No. 16; solution of persulphate of iron, to arrest hemorrhages, generally, in No. 17; Goulard's extract of lead, to be properly diluted, for a general local application in wounds, bruises, inflammations, etc., in No. 18; hydrarg. cum creta, indispensable in disorders of the alimentary canal, particularly of children, No. 19; p. rhei and potass. bicarb., thoroughly triturated with a little ginger, as a laxative, antacid and carminative for similar conditions, No. 20; and in the remaining four vials can be carried such medicines, or combinations as different seasons and different epidemics may seem to demand; bismuth, caustic, tr. belladonna, tr. macrotys, etc., are sometimes found useful. In the pocket, additional quinine, morphia or Dover's powder, may be carried,—so also sulphate or acetate of zinc, from which bathes for inflamed eyes may be at once formed, etc.

Medicines for specific and chronic cases,

under treatment, will necessarily have to be prepared in the shop, before the physician starts in his daily round. Such has been the miniature pharmacopœia that I have carried with me for many years, and I have very seldom, if ever, been at a loss for the proper medicine to prescribe in the incipency of any case, and could attend to the most urgent call at any time or place with a mind at ease, as to the want of means for relief.

OPERATION FOR THREE CASES OF HARE-LIP.

By I. SCOTT, M. D.,

Of Parkersburg, West Virginia.

Case 1st. Child of D. W. L., of Parkersburg, W. Va., aged six months. Having single hare lip, the gap unusually wide, and complicated with extensive fissure of the gum, hard and soft palate.

On the 15th of November, 1867, assisted by Drs. WILLIAMSON and HARRIS, the child was brought partially under the influence of chloroform, and held in the erect position. I first dissected the lip from the gum on the side on which the fissure existed, and carried the dissection up until the ala of the nose (which was greatly displaced), was completely liberated. The attachments of the lip to the gum on the opposite side were then dissected. I, then with a pair of strong, sharp scissors, cut a ribbon from each margin of the lip, taking care to commence well down in the lower angle, and to extend it well up into the ala of the nose. I then inserted three pins, one on a line with the vermillion border of the lip, another in the centre, and the other close up to the ala of the nose. A well waxed silk thread was then wrapped around the ends of the pins elliptically, which completed the operation.

The upper and middle pins were withdrawn on the second, and the lower pin on the third day. After the withdrawal of the pins, the lip was supported with strips of adhesive plaster, drawn across the lip, from one cheek to the other.

The wound united by the first intention, all but a little notch on the lower border.

The part in front of the upper pin sloughed out, and filled up by granulation. By touching the edges of the notch on the lower border daily with caustic, and drawing it together with small strips of adhesive plaster, it united perfectly in a few days; and in twenty days from the day of the operation, the lip was entirely healed, and was quite natural in appearance.

Case 2d. Child of — M., near Parkersburg, West Va., aged 3½ months. Having single hare-lip, complicated with quite a depression in the gum, but no fissure of either hard or soft palate.

On 15th February, 1868, assisted by Dr. WILLIAMSON, the child was brought partially under the influence of chloroform, and the operation the same as in Case No. 1, except I used sutures and adhesive straps, as recommended by Prof. FRANK H. HAMILTON, M D., instead of the pins. The upper sutures were removed on the fifth, and the lower one on the sixth day. The lip became a good deal inflamed, and it did not unite well by the first intention, but left a small gap at the bottom, middle, and upper part of the wound. By touching with caustic every other day, and drawing it together with adhesive straps, the openings closed in a few days, and at the end at the end of the third week from the day of the operation, the lip was well, and quite natural in appearance.

Case 3d. Child of C. M. C., of Parkersburg, West Va., aged 2½ months. Having single hare-lip. The gap unusually wide and complicated, with one side of the gum elevated, and also with extensive fissure in the gum, hard and soft palate.

On March 17th, 1868, assisted by Drs. WILLIAMSON and CLARK, the child was brought moderately under the influence of chloroform. The operation was the same as in Case No. 1, except I only used two pins, one on a line with the vermillion border of the lip, the other close up to the ala of the nose. A well-waxed ligature was then applied elliptically around the ends of the pins. I did not use any adhesive plaster or dressing of any kind. The upper pin was removed on the fourth, and the lower one on the fifth day.

The wound united perfectly by the first intention, and was entirely well on the seventh day after the operation.

On a review of the foregoing cases, the disparity in favor of the pins over sutures and adhesive straps alone, must be obvious to the candid observer. As the pins prevent all play of the surfaces upon each other, which we intend shall adhere together, the great advantages of the pins must be as plain *a priori*, as from the results of experience. It is needless to call the attention of the profession to what every practical surgeon knows: that the heat occasioned by adhesive straps is better calculated to promote local irritation than healthy adhesion. Another inference I would draw, is, that in children, two pins effect the mechanical object in view as well as three, with less danger of inflammation.

SHALL HYGIENE BE TAUGHT IN THE NEWSPAPERS?

BY DAVID PRINCE, M. D.,
Of Jacksonville, Illinois.

As you hold your columns open for the discussion of all questions which are especially interesting to medical men, I respectfully ask the privilege of criticising the positions taken in your editorial, page 155, Aug. 22d, 1868.

I do not wish to defend the action of the three Cincinnati doctors who are censured by the Academy of Medicine, but the ground taken by the Academy seems to me altogether untenable.

From the resolutions of the Academy, which I find in the *Cincinnati Medical Repository*, I make the following quotations as the text for criticism:

"The medical journals are recognized as the only legitimate organs by which to publish discourses in medical science, or in which to carry on discussions.

"It is only when acting as the mouth-piece of a medical society, or in the discharge of the duties of a health officer, or in some other regular manner, that it is proper for a physician, through the newspapers, to instruct the masses on subjects exclusively of hygiene, as in relation to ventilation, clothing, cleanliness, etc."

An illustration of the absurdity of the position would be presented, if some medical society should pass resolutions of censure

upon Dr. MITCHELL, the writer of the article on "Modern Ways of Studying Poisons," in the September number of the *Atlantic Monthly*. This writer has succeeded in producing a very instructive popular article upon the modern methods of investigating poisons, and has singled out three poisons, each acting upon distinct tissues of the system: worari, upon the nerves; corroval, upon the muscles; and carbonic oxide upon the blood. The article is sufficiently free from technical terms to be readily comprehended by a person having a good general education, affording instruction and entertainment at the same time. According to the dictum of the Cincinnati Academy of Medicine, this is contrary to medical ethics. Here is instruction in hygiene to be used by the many thousand general readers of the *Atlantic Monthly*.

Not only the fact of the destructiveness of burning charcoal, but also the philosophy of its destructiveness, is taught outside of the medical journals, and without any pretence on the part of the writer that he is the "mouth-piece of a medical society, or a health officer." The writer, however, is a medical man, and very likely may belong to some medical society.

Some years ago, Dr. TOYNBEE, who has written so instructively upon the ear, devoted himself to the instruction of the poor of London upon the destructive character of foul air, and succeeded in getting the practice to some extent introduced, of removing a single brick from the smoke flue just under the ceiling, by which the worst air at the top of the room might pass up the chimney. Now, unless he was the mouth-piece of some medical society, or a health officer, it must be an unpardonable breach of medical etiquette.

We are sometimes very much aided in understanding the nature and tendencies of maxims and usages, by comparing them with those of other departments of the social machinery.

Let us for a moment consider ourselves religionists or publicists. It would be improper to instruct the masses upon religion or social science through the newspapers, unless as the mouth-piece of a church, or as a magistrate.

It must be done through the journals which are organs of the Church or of the State.

The relations of this seclusive prohibition are seen at once. They belong to a despotic union of Church and State, in which the people are required to think and act by authority originating in the intelligent few, and not at all to a democratic form of government, in which the theory is that the people are their own judges of government, religion, hygiene, and therapeutics, to adopt or to reject, and in accordance with which, it is the privilege and the duty of those who have knowledge of prevention and of cure, to instruct the masses through all the avenues of knowledge by which they can be reached.

The medical profession puts itself into a ridiculous position, by requiring its members to leave the newspapers to the sole occupancy of pretenders. Why do not the philosophic politicians abandon the newspapers to mere pretenders, because their columns may be open to all alike. Would it be any better for the people to find in the newspapers only the productions of dishonest office-seekers, while the statesmen confined themselves to the aristocratic circle of quarterlies.

If the people are very poor judges between the vapid boastings of the empiric and the instructive lessons of the philanthropic scholar, they certainly will not be much better off in this respect, if they read only the productions of the empiric, without the good reasoning of the honest writer. The masses will certainly never read about hygiene in the medical journals, and the accredited mouth-pieces of medical societies, and health officers are not so numerous that they need feel afraid of the competition of volunteers in the field of hygienic instruction.

DISLOCATION OF THE HUMERUS OF FOUR MONTHS' STANDING.—SUCCESSFUL REDUCTION.

By HENRY M. LILLY, M. D.,

Of Fond du Lac, Wis.

Mrs. B—, residing in Minnesota, was seized April 15th, 1868, with puerperal convulsions. After the convulsions had subsided and delivery had been accomplished, the head

of the left humerus was found to be dislocated forward. For some reason no attempt was made at reduction. About three months after the accident, a German physician made some attempts at reduction, but did not succeed. In August she left Minnesota and came to this city in quest of surgical aid. On the 12th of August she presented herself at my office. I told her that if she wished, I would try to reduce the dislocation. I could not promise her any success,—the only promise I could give her was that I would make a faithful *trial* if she desired me to.

August 13th, the patient was placed under the influence of chloroform, and, assisted by Dr. MAYHAM, of this city, I commenced the efforts at reduction. For the first half hour I used no mechanical appliance, but sought by manipulation alone to accomplish the object. It finally became evident, however, that nothing could be done with the bone until its head was forcibly torn loose from its new bed. Jarvis' Adjuster was now applied. Carefully as possible the handle of the crank was turned until I felt some of the adhesions give way with a distinct snap. The ratchet was then loosened and attempts by manipulation renewed, but without success. The Adjuster was now repeatedly applied, and loosened, and manipulation resorted to, both while it was applied and also in the intervals of its application. Conscious of the great mechanical power of the instrument I was using, I was in constant fear of perils to be incurred by a too free use of it. At last, the bone seemed to be so thoroughly disengaged from its abnormal socket, the Adjuster was entirely removed and laid aside. Dr. MAYHAM now placed himself at the opposite shoulder of the patient, and placing his left forearm beneath the patient's left axilla as a fulcrum, and seizing the elbow with his right hand, he brought it with a powerful sweep across the chest of the patient towards the right shoulder; at the same time I pressed the acromion firmly up with my right hand, and with the fingers of the left pressed the bone downward and outward toward the glenoid cavity. This manœuvre sent the head of the bone to its place with a distinct snap, perceptible to the bystanders.

This was one hour and thirty minutes from the time manipulations were commenced. The consecutive inflammation was not very great. I kept the patient under observation until Sept. 2d, when she left for her home in Minnesota.

While feeling gratified at the success of the operation, I candidly confess that I do not covet such surgery.

MEDICAL ASPECTS OF DAKOTA.

We make the following extracts from an interesting letter of Dr. G. P. HACHENBURG, Post-Surgeon at Fort Randall, Dakota Territory.

"The infusoria of the Missouri River are numerous, and sometimes affect greatly the mucous membrane of the alimentary canal. From this the Indians are even not exempt. I would no sooner drink the Missouri water than a glass of Croton oil. No doubt its muddy, animalculated material is what gives notorious unhealthiness to the Mississippi south of St. Louis. What exists here as a nucleus of harm, by heat and miasmatic complications, becomes there an active poison.

I suspect one source here of the impregnation of the Missouri water. I have noticed in different localities small springs, whose water is clear, and stands or flows over a snow white alkaline bed. Any living being that drinks this water soon dies from its effects. Cattle that step in it lose their hoofs. Many of these "Potash Springs," as they are called here, empty into the Missouri, undoubtedly with no good effect. I have not yet made a chemical analysis of the water, but purpose to do so. From the symptoms of persons poisoned by it, I judged they died of ulceration and perforation of the bowels.

This climate will cure a certain class of pulmonary diseases, of the humid type in particular, that would be hopeless in the east. Another form of those diseases, generated here, characterized by irritation and dryness of the secretions, would never get well here, but might recover by a change to a location of greater moisture. There are forms of dyspepsia and other diseases, skin diseases in

particular, that are cured or aggravated in this country. I know asthmatic patients that could not live here a week. Those are mistaken who suppose that consumption is never generated in the north-west. It is the scourge of the Indians, doing its steady work of extermination of the race. I have now in my hospital two cases of consumption that left the east in good health, and are victims of the Indian consumption here. Scrofula, modified by scurvy, is not only rife with the children of settlers, but among the Indians more than one-third of their papposes run about with glandular sores. Skin diseases of the squamous order are common here, and require tact and patience in their cure. The papular and pustular are not common, and the confluent small-pox does not often show itself.

Diseases of the eye are common, and do not bear the astringent treatment of the east. Inflammation of the eye is the most prevailing form, and in its acute stage is not of easy management. I have seen a number of cases of amaurosis and cataract, but none of strabismus.

There is wonderful exemption of diseases of the ear. Those who come here deaf are sure to find their hearing improved.

There are very few diseases of the heart and arteries—of the veins they oftener occur.

There is little tendency here to obesity. Women and children do not as well here as men, as a general rule.

For rheumatics this is a poor country, but limbs crippled by stiffness from other causes, and where there is no organic disease, are cured here readily. A bad sprain would speedily get well here; so would any indurated tumor that can be removed by absorption. Dropsy, not complicated with any organic disease, would get well of itself.

The absence of miasm gives uniform healthfulness to the climate.

Physicians in all parts of the world, in order to favor the cure of their consumptive patients, have sent them to a malarious region—not with the idea that miasm neutralizes tubercles, but to cure their patients on the revulsive principle, which holds that two diseases cannot exist in the body with

equal intensity at the same time. The order runs thus: The patient takes the ague—the ague cures the consumption—the doctor then cures the ague. In Rome, consumptives are ordered to the Pontine Marshes—in Charleston, to the Dismal Swamp.

Medicines act with more readiness in this country than perhaps any other, from the fact that the absorbents of the system are more active and less clogged. I doubt not, at no distant period, that from many parts of the world, physicians will send cases of chronic diseases here that defy home treatment, not for the benefit of Dakota air so much as for the rapid action of medicine here secured. The most powerful styptic would not check a colliquative discharge treated on the highest mountains, while here almost any mild astringent would relieve the patient promptly.

Some medicines cannot with safety be used here—some of the mercurials in particular. I have had patients to recover promptly under medical treatment here, that I know would not be similarly efficacious east.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Subject for discussion—TETANUS.

Reported by J. W. P. Bates, M. D.

Dr. ERICH. Tetanus is a functional nervous disorder, in which there is rigidity of nearly all the voluntary muscles, and, toward the close, the involuntary become involved. There is spasm accompanied by violent pain; consciousness not abolished. The nature of the disease is almost entirely unknown, and it is speculation when we say it is from irritation of the spinal nerves. The treatment is also speculative. Counter irritation was once thought highly of, but it failed to cure any large proportion of the cases. Ice, opium, chloroform, tobacco, cannabis indica, etc., are all without effect. There is one remedy which is now prominently before the profession and which so far promises well, viz., calabar bean.

Dr. WATSON, of Glasgow, has treated six cases with it successfully, and two or three others are reported in the Journals. One case came under my care not long since in which I used the remedy with success. I was assisted in the case

by Dr. STEIN, and as we had no experience with the bean, the Dr. watched the case very closely, and varied the dose so as to keep up the effect as well as possible.

Dr. STEIN. If it is the pleasure of the Association I will read the notes of the case. "George Smith, col'd, æt. 14, had been struck in the face with a piece of brick inflicting a severe wound just over the naso-maxillary suture. After staunching the blood, which flowed profusely, the wound was dressed with adhesive plaster, and healed without further trouble, until about two weeks later, May 30th, when he came home at night dragging his right leg. On the 31st he was unable to attend to his regular duties, and was said to be very unwell, and on June 1st he had several spasms during the day. A physician was then called, who ordered a warm mustard bath, and pills of calomel, ext. hyoscyami and pulv. antimonialis.

2d. The Dr. pronounced him better, but the patient's friends did not think so, as the spasms were more frequent and more violent. Owing to the opisthotonos he could not be put into a mustard bath, and had, therefore, only been sponged, and the Dr. ordered, as a substitute, hot bricks to be placed in the bed beside the boy, but the only effect was an increased restlessness. Since June 1st he has been unable to take anything in his hand, to carry his hand to his mouth, or to open his mouth wide enough to receive anything between his teeth. The boy getting rapidly worse, the Dr. was anxiously sent for on the 3d, but did not arrive until the 4th, when, upon the suggestion of one of the friends that another physician should be called in consultation, he pronounced the case hopeless and gave it up entirely.

Dr. ERICH was then called and found marked opisthotonos, paralysis of the facial nerve on the injured side, rapidly recurring clonic spasms, great restlessness, and the boy crying out with agony at every spasm. The following were ordered, R. Ext. calabar bean, gr. vj. dilute alcohol, f. 3ss. M. S. 5 drops every half hour. R. Acid acetic, acid carbolie, p. e. M. S. Apply to the whole length of the spine. In order to regulate the administration of the bean, and to note its effects more carefully, Dr. E. requested me to divide the time with him. At 2½ P. M. I visited the boy, and found that only one dose had been given, instead of five as ordered, and his condition was as follows: pulse 92, full and strong, respirations 24, and with each a spasm and shriek. By holding his breath the

spasms could be avoided for a short time. The muscles of the left side of the face were spasmodically contracted while those of the right side were paralysed. The boy complained so much of the pain of his back that further counter irritation was abandoned, and the calabar bean continued until 6 P. M., when the dose was increased to gtt. viij. and at 7 P. M. to gtt. x. At 10½ P. M., as also at 11, chloroform inhalations were used with temporary benefit. On leaving the patient for the night gtt. v. of the bean solution were ordered to be given every hour, and gtt. xx. tr. opii. at 12, P. M.

June 5th. Very restless during the night; opisthotonos slightly decreased; clonic spasms at rather longer intervals. R. Sol. calabar bean gtt. x. every half hour. Beef tea and whisky at regular intervals. P. M. rather easier, all the muscles much relaxed, the sardonic grin considerably modified; the paralysis, however, remained. Midnight. In a maudlin condition from too much whisky. All medicine stopped for the night.

6th. A. M. Restless during the night, with a tendency to sleep between the spasms. This morning the spasms occur more frequently. R. Sol. calabar bean, gtt. x. every hour. M. Much quieter, but complains of intestinal pains. R. senna and manna. Night, Reduce dose of bean one-half during the night.

7th. Restless, pulse 80; respiration 40. Having had no movement of the bowels, ordered R. calomel, gr. x., resinæ podophyllin gr. ij. M. Afternoon. Considerable improvement; spasms 2 to 4 per minute; bowels freely opened; continued bean, whisky and beef tea.

9th. Rested better last night; spasms infrequent and much diminished in force; bowels had been gently moved; some desire for food. Afternoon. Gave large doses of whisky an gr. ij. podophyllin, and repeat in 8 hours if it fails to act. Night. Pulse 100; respirations 40; considerable intestinal pain; stop the bean.

10th. Intestinal pain; spasms diminished in frequency; considerable rigidity of lower limbs; abdomen tympanitic. Rested well last night. Pulse 84, respirations 40. Renew the bean and give a cathartic.

11th. Noon. Pulse 88, respiration 32. Take 15 drops of the bean solution hourly, and whisky regularly. Night. Pulse 84. Spasms rather more frequent. Found the bean had been discontinued, ordered it renewed and continued as before. As the bowels have been too freely moved, R. Tr. opii. camph. ʒj. morph. sulph. gr. j. Dose ʒj.

12th. Slept well last night. Pulse 92; bean continued. Afternoon.—Pulse 84; respiration easier; spasms rather more positive.

13th. Can move his legs and turn himself in bed. Pulse over 100. The room hot and foul, and bowels confined. Give podophyllin, and continue the bean. Afternoon.—Check the bowels by small doses of opium, and stop the bean.

14th. Much pain in the abdomen; otherwise easier. Limbs stiffer; pulse 84; respirations 28. Resume the bean. Night.—Abdominal pains still persist, with some spasm. Continue bean in ten-drop doses every hour during the night, and give a dose of the morphia solution, to insure sleep.

15th. Much improved; can carry a cup to his mouth without assistance, and bend the right leg considerably. Pulse 96. Continue the bean and whisky, and give a little sulphuric acid lemonade. Night.—Feverish; continue the bean until 11 o'clock, then give an anodyne. Pulse 72.

16th. Considerable improvement in general appearances. R. Syr. senna aromat. f.ʒss. every hour until bowels are moved. Continue bean and whisky. Pulse 88; respirations 44.

17th. Peevish; pulse 104. Legs flexible; tolerably free use of his hands and arms. The expression of the face now only affected by the facial paralysis; the jaws can be opened, but not very widely. For the last three or four days the clonic spasms have been very slight, and the only remaining indications of tetanus are the stiffness of the masseters and the dorsal muscles.

20th. Bean been regularly given. All pain has ceased, and he can turn slowly from side to side; can protrude the tongue, but with a spasmodic movement, and tendency to the right side. Pulse 88; respirations 32 to 40. No spasm for several days; back nearly straight; countenance natural, with the exception of the right eye, which remains more widely opened than the left, and cannot be entirely closed. Treatment continued.

22d. Much improved in every respect, and from this day the improvement was gradual until July 10th, when he was discharged.

In this case the indications were to support the patient and relax the spasms. All other treatment was but temporary, and such as was called for by the current symptoms. The use of opium was especially avoided, and whisky substituted, as affording support, as well as for its anodyne impression. In the use of the bean, it would appear advisable to push it, in large doses,

in the early stages, until the spasms are modified. The contraction of the pupil is an unreliable sign, as it was not seen in this case, although looked for anxiously. The drug had been tested upon a pupil dilated by atropine, and was found to act promptly.

Dr. FAY. When was the healing of the wound completed?

Dr. ERICH. It was entirely well before the tetanus commenced. He never had had spasms before. In regard to the action of calabar bean, it does not derange the digestive functions, as this boy had a good appetite as soon as the pain would allow him to eat, and on this account it is to be preferred to nicotine.

Dr. HARTMAN. Is it not claimed for it, that it increases the appetite?

Dr. ERICH. Have not seen such a claim, but it is asserted that it acts on the bowels. In this case it did not do so, for in the earlier part we used podophyllin, and in the later, senna.

Dr. ARNOLD. This disease has been one of the bugbears of the profession, and always considered hopeless, and I sincerely hope that the ordeal bean will prove an efficient remedy, and not share the fate of many similar ones. Medical journals teem with reports of cases cured by tobacco, quinine, opium, etc., as also of cases which were left entirely to nature, and recovered. It is a question, whether the ratio of cures under any treatment is much greater than where the cases are abandoned to nature. There are cases mentioned in which the bean has failed, because they were very severe, and seen too late for the remedy to have any effect. Mild cases will get well under directly opposite modes of treatment, and it is in these severe cases that a remedy must be tested. In severe cases, I cannot see that any form of treatment has proved of much use. Pathology has left us in the dark concerning the nature of this disease, and as in asthma and epilepsy, no pathognomonic lesions have been seen. We consider it a functional disease, and at present our only hope is in supporting our patients until the disease exhausts itself.

Dr. STEIN. I would not like to assert that the bean and supporting treatment cured this case, but we noticed that as the drug was continued or intermitted, the boy was better or worse. It evidently has some controlling influence, and, this admitted, it is our duty to give it a fair trial in these cases.

Dr. ERICH. Dr. ARNOLD says that the very bad cases are the ones to test the efficacy of a remedy. We have no treatment for the very bad cases of any disease. If we find that a larger

number are cured under one form of treatment than another, we must give the credit to the remedy. Three cases reported, in which woorara was used, resulted fatally. Tobacco had such a disturbing influence on digestion, and is so depressing in its effects, that it cannot compare with calabar bean. I have used opium in two cases; both died. It only stupefies, and has no curative effect. I would use whisky in preference.

Dr. MORFIT. It is impossible to tell how much of the favorable result in Dr. ERICH's case to attribute to the bean, and how much to the supporting treatment used simultaneously. I should like to see it tried by itself before I could place any great amount of confidence in it. Many cases will get well, whatever we do, if we can get them past the ninth day, so it is almost impossible to say what is a specific. Do not see how it is that all the effects were attributed to the bean, and none to the whisky, etc. If this is so powerful a depressant, it must do harm if it does no good, and we have to combat its depressing effect. Let us try it, and if it succeeds, I shall be glad of it. The statistics of death average about the same, whether we treat one way or another.

Dr. STEIN. The amount of whisky was too limited, and we knew how much he was getting. Do not propose to detract from the supporting measures—they were necessary, and we give them all credit—but the relaxation of the spasms was the action of the calabar bean.

Dr. ARNOLD. We should always recommend that the golden medium between great skepticism and easy credulity be observed. We should be very dubious when any Eureka is heralded as a specific. I am very skeptical in regard to calabar bean. EVAN WATSON, years ago, recommended this very thing. It is to be supposed that it was tried extensively, yet he only gives six favorable cases, (four of his own, two of others,) which is a very insignificant result. The real test is to see what it can do in very bad cases. It is owing to easy credulity that our therapeutics is in such a state. As soon as a case does not die under a particular form of treatment, the physician rushes to the journals, and publishes it. This remedy undoubtedly has an effect upon spasmodic cases, but to claim that it is a specific, or greatly increases the ratio of cures, is claiming too much.

Dr. ERICH. We do not laud it as a specific, we only wish to induce others to test it, and this can do no harm. Its physiological action is to relax spasm, and it kills by suspending respira-

tion, or the heart's action by abolishing muscular contraction. It is used on criminals in Africa. It has been tried on dogs as an antidote for strychnia, and if administered soon enough, the animal was saved. I would rather try this, because there are not so many objections to its use as that of opium, etc.

Dr. MORFIT. We know but little about this remedy. Like woorara, its source of supply and strength is uncertain. I would only use it in very bad cases, and upon which I wanted to experiment.

Dr. FAY. It is easy and true to say that a single case proves nothing, as we can only rely on a large number of cases. The tendency is, when a patient recovers, to be encouraged and to hope that we have found a remedy which will prove valuable in all cases. We should be careful not to be too incredulous, lest it be not used. It is worth experimenting with.

Dr. ERICH. The remarks of Dr. MORFIT, comparing calabar bean with woorara, are not exactly correct. The last edition of the Dispensatory contains a description of it, and we can procure a uniform supply. Oculists have used it for a long time.

Dr. STIRLING. I do not see how this can be called a case of traumatic tetanus. All the cases which I have seen in hospital the wound was very troublesome. I remember three cases: the first took opium, chloroform inhalations, and chloroform internally; recovered. The second, opium; died. The third had some thirty or forty different remedies; recovered. Hard to tell to which remedy to attribute this favorable result.

Dr. ERICH. Authors state that traumatic tetanus is more likely to occur after the wound has healed. I had one case of this kind, in which the wound had entirely healed.

Dr. STIRLING. Such was not the experience of surgeons during the war.

Dr. STEIN. There is sufficient evidence in the facial paralysis of this case to prove it was of a traumatic character.

Dr. ARNOLD. I shall be pleased if this proves successful in the treatment of tetanus, but I must still express my doubts about it. We neglect too much the study of the natural history of disease, and spend our time in a mad race after specifics. Time will settle the question.

— A son of Rev. Dr. STILES, of Richmond, Va., was recently instantly killed by falling from a tree at Allegheny Springs.

EDITORIAL DEPARTMENT.

Periscope.

A Case of Writer's Palsy, in which Electricity was Used with Success.

Dr. GEO. McC. MILLER, M. D., Assistant-Surgeon U. S. A., Fort Reynolds, Colorado Territory, writes to the *Leavenworth Medical Herald* as follows:

The following brief notice of a case of *Writers' or Scriveners' Palsy*—the *paralysis scriptorum* of the older medical authors—in the treatment of which I availed myself of the remedial powers of electricity, with a highly gratifying measure of success, is here presented as a slight contribution to the interesting and important department of Electro-Therapeutics.

S. A., a Sergeant of Company L, 7th U. S. Cavalry, aged twenty-eight years, appeared at sick call January 24th, 1868, affected with writers' palsy, consisting in a loss of the power of flexing the last phalanx of the right thumb, and consequent inability to wield the pen. This morbid condition was caused by excessive writing for four or five days previously. He was at the time acting Sergeant-Major of the Post, and had a large amount of clerical duty to perform in the Adjutant's office. His general health was good, excepting a slight degree of anæmia. As to the treatment, I enjoined entire abstinence from writing; cold douches to the thumb, forearm and hand; a one-grain pill of *ferri sulphas exsiccatus* three times a day; generous diet; horse-back exercise, and a tonic regimen generally. No improvement taking place at the expiration of a week, I commenced the use of *extractum nucis vomice*, in doses of half a grain, soon increased to one grain, three times a day. The medicine was continued for about three weeks, and then, manifesting its usual toxical effects in a moderate though well marked degree, was omitted. After an interval of a week it was resumed, and used for three weeks longer. Its toxical effects were again exhibited, and I desisted from its further employment, as it had not the slightest appreciable effect upon the paralysis. I was also apprehensive of the cumulative action attributed to the drug by some pharmacologists; I then commenced the use of electricity, transmitting a continuous current along the *flexor longus pollicis*, the muscle that flexes the terminal phalanx of the thumb. The instrument employed was the improved Magneto-Elec-

tic Machine of DAVIS & KIDDER. The electricity was used daily for about five weeks, ten minutes being occupied at each sitting. On the second day of its employment a slight amelioration was evident; improvement went on gradually until April 21st, when he resumed his clerical duties, being able to flex the affected phalanx almost as well as ever, and to write very satisfactorily. The beneficial influence of electricity was very striking.

As germain to the above history, I will take the liberty to add that I have resorted to electrization, general and local, in a few other cases, with decided advantage. In two cases of chronic muscular rheumatism, occurring in old men residing in this vicinity; in a case of general atony, and one of a relaxed condition of the ligaments of the left wrist joint, consequent upon a sprain, the application of this remedy was productive of benefit, and, in the last case, assisted by other measures, effected a cure.

Ozone.

Dr. H. DAY, in a report on this article made to the St. Andrews Medical Graduates' Association, gives the conclusions at which he has arrived, the most important of which we subjoin:

There can be no escaping, at this moment, from the theory that ozone is a modified condition of oxygen, indeed, is oxygen plus force, which force is probably used in condensation—in other words, the power or capability of oxygen to combine with itself.

For the production of ozone in the laboratory, no method is so good as that accomplished by the aid of the induction coil. The production of ozone in the air, if it be there, is not yet in any way definitely understood.

The ordinary tests for ozone are imperfect, not because they will not prove the presence of ozone, but because they prove too much—that is to say, the presence of other bodies also common to the atmosphere.

In its action on the body the effects of ozone seem to be confined to the respiratory passages and structures, in fact, it is purely local in its action, resembling closely diluted chlorine and diluted bromine in vapor; the phenomena induced, varying in intensity, may be catarrhal, bronchial, or pneumonic, nor is there any evidence of any class of diseases from ozone.

On dead matter, ozone exerts a powerfully destructive action, resembling in this way chlorine, iodine, and especially bromine.

Ozone is a disinfectant and deodorizer, belonging to those bodies which disinfect and deodorize,

by resolving and decomposing into primitive and innocuous forms, competing in this respect with substances already named—i.e., chlorine, bromine, and iodine. It possesses these qualities in a less degree than chlorine and bromine, and is, in many cases, not so applicable as iodine.

As a preventive of disease, ozone can only act by destroying organic animal poisons, in which respect it may be compared with the substances I have more than once named. With regard to the disinfecting and deodorizing powers of ozone, I would refer you to the opinions of the late Dr. BARKER, contained in the HASTINGS prize essay for 1865. The subject of comparison, and indeed the whole subject of deodorizing and disinfecting, is there so admirably, so exhaustively discussed, as to leave, it seems to me, nothing further to be said on the subject.

Lastly, as a remedy. In the form of ozonized oil, of ozonized ether, and ozonized water, it once more ranks with a similar combination of remedies, containing chlorine, bromine, and especially iodine. Whether, in any respect, it may prove to have greater advantages than the last named trusty and ready agent, can only be conclusively arrived at by determining whether it will do what iodine will *not* do, and this can only be decisively made out by applying to it the test of inductive philosophy—a rigid exclusion of all that is ineffective.—*Med. Press and Circular.*

Medical Rashes.

Dr. TILBURY FOX, in an article in the *Lancet*, quoted in the *N. Y. Medical Journal*, says, that under the use of flannel, local heat is intensified, and itching often increased and kept up. He gives as a practical rule, "whenever you have a congestive state of the skin, or any disposition to neurosis, take off the flannel, and place it, if necessary, outside the linen, this will prevent any catching cold." The diseases in which he advises this change are chiefly erythemata, roseola, urticaria, syphilodermata in their earlier stages, scabies and prurigo.

Scratching. 1. May produce an eruption, as in pruritus, it gives rise to excoriations, an artificial eczema, general enlargement and turgescence of the follicles of the skin, with perhaps abrasion of the cuticle over and above them, wheals in a nettle rash subject, ecchymatous pustules in the ill conditioned.

2. It augments and modifies existing eruptions.

3. When the disease is non-contagious, secretion, if present, may be transplanted, and, when acrid, set up local inflammation. When the dis-

ease is contagious, scratching is the surest mode of inoculation.

Medical Rashes. HARDY has especially mentioned an eruption produced by the inunction of mercurial ointment. It is an erythema upon which vesicles form and pour out a thin clear fluid. The vesicles are quickly broken, the contents desiccate, and the redness remains for a week or ten days. It is clearly a local disease, and not a true eczema.

Nitrate of silver darkens the skin, the silver being deposited in the lining membranes of some of the vessels, it is thought.

Arsenic. Dr. Fox has never seen this drug give rise to eczema, (nor does he mention melasma), but has seen it cause a lichen of the face, arms, neck and hands. Erythema of the palms of the hands and of the face, with puffiness of the eyes, is also sometimes produced.

Iodine brings on erythema of the face. Croton-oil used in friction, not unusually gives rise to an erythema of the face. Dr. Fox has seen this symmetrical and with distinct heat, lasting a few days, and this where there could have been no direct application of the remedy to the face.

Bromide of potassium causes erythema and swelling of the nose, and when given largely, an ecthymatous eruption.

Iodide of potassium may induce purpura in predisposed subjects, (no mention is made of that form of acne caused by iodide of potassium.)

Belladonna produces a rash of rosy hue, fever, dry throat, and dilated pupils.

Copaiba, a rash well described by Judd, a rosy erythema of "pumiceous" aspect, as though the skin had been bitten by insects.

Arnica may produce erythema and swelling of the parts to which it is applied.

Sulphur, in some cases, gives rise to a dry, red, dirty aspect of the skin, with an attempt at the formation of vesicles, perhaps an artificial eczema and subsequent pityriasis, accompanied by much itching.

Carbolic Acid in Burns.

The *Druggists' Circular* says: Having received inquiries as to the proper strength of the solution of carbolic acid to be used in burns, we asked Dr. SQUIBB for his formula, as he had publicly recommended it from his own somewhat extensive experience. In answer he has forwarded the following note:

"My dear Sir: For burns of the second degree, where the cuticle is lost or broken, the official creasote water, diluted one-half, is about

the best application. When the cuticle is not broken, the same solution of full strength is better. I send you herewith a sample bottle of a solution, which is somewhat stronger than the official solution, but which we have long habitually used in my laboratory, where burns are not infrequent. This is a cheap and inelegant form, which I am now putting up for the Board of Health, and which I desire to introduce for popular use. The label will tell you the story. These quart bottles are sold at two dollars a dozen, a price which I think you will not regard as dear. * * * * *

"Very truly yours,

E. R. SQUIBB."

The official creasote water is a drachm of creasote to a pint of water. Many of the solutions of carbolic contain about one per cent. of the acid, which is a convenient strength for general use. This preparation of Dr. SQUIBB's ought to be kept in every house as a common disinfectant and purifier. It certainly is cheap enough to suit the purse of anybody. The proper way of using it in burns is to saturate cotton (or rags), and fix it on the part, taking care to prevent it from becoming dry.

Styptic Paper.

The styptic properties of perchloride of iron are well known, but in many cases it is inconvenient to carry about and to apply in case of need. A method of preparing paper with this substance, so that it can be carried safely in the pocket, at the same time preserving the styptic quality has been invented in Paris. The paper is first dipped in a solution made of one pound of gum benzoin of the first quality, one pound of rock alum and four and one-third gallons of water. This mixture is heated in a vessel, carefully tinned inside, up to the boiling point; and the solution is to be kept boiling for four hours, and skimmed from time to time. The water evaporated is to be replaced by the same quantity of fresh water, and, as soon as the solution is cooled, it is to be filtered off. The paper or tissue is then dipped into it, and to be kept there until sufficiently saturated; it is then to be carefully dried. When dry, a solution of the perchloride, in a more or less concentrated state, is applied by a brush or roller. The paper or tissue thus prepared is folded up and preserved from the action of the air by wrapping it in a piece of waterproof taffeta, prepared with the addition of resinous substances, and in this manner it can be preserved any length of time always ready for use. Its application to small wounds will stop the bleeding almost instantly. — *Scientific American*.

Medical and Surgical Reporter.

PHILADELPHIA, SEPTEMBER 19, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE ARMY MEDICAL STAFF OF PRUSSIA.

We have several times recently printed communications commenting on the Army and Navy medical staffs of the United States. For the sake of comparison we now give a description of the Prussian Army medical staffs as reorganized in 1867, gleaned many of our facts from a recent paper on the subject in the *London Lancet*.

Some of the best men in the kingdom, STROMEYER, LANGENBECK, LÖFFLER and others, were assembled to devise a plan which would give the greatest capacity to the medical branch without interfering with the regular line. The warrant of the 20th February, 1868, was the consequence of their report. By this a sanitary corps was created, which is to include the medical officers of the army and navy. This corps no longer belongs to the civil departments of the army, but its officers are classified with combatant officers, without, however, giving them the names and titles of combatant officers. The following gives a short view of the establishment, including the medical officers of the whole North German Confederation (except the Grand Duchy of Hesse, Saxony, and Mecklenburg):—An indefinite number of Sub-Assistant-Surgeons (ranking as Sergeant-Major); 397 Assistant-Surgeons (Ensign); 266 Assistant-Surgeons (Lieutenant); 317 Surgeons (Captain of 2d class); 155 Surgeon-Majors (Captain of 1st class); 52 Surgeon-Majors (Major); 10 Inspector-Generals (Lieutenant-Colonel); 4 Inspector-Gen-

erals (Colonel); 1 Director General (ranking as Major-General).

The ranks are not so high as in the English army, but this is not considered a disadvantage, because the rank of surgeon-major, for example, being the same as that of the commanding officer of the regiment, is likely to lead to difficulties. But on the whole they are higher than in the American army.

There is, however, one very important point conceded to medical officers in the Prussian Warrant—namely, the disciplinary power over all men of the hospital service, army hospital corps, purveyors, apothecaries, nurses, etc. Every hospital has at its head a principal medical officer. Combatant officers have nothing to do with the hospitals; medical officers are alone responsible for them. The amount of power and authority accorded to army surgeons is regulated by rank and seniority, diminishing of course as we descend from the General Stabs Arzt, who possesses powers equivalent to those of a general in command of a division, to the subordinate ranks of the department. In all that relates to his own service, the Prussian medical officer is therefore vested with and exercises full disciplinary powers.

This is what is most urgently demanded in our own service, and without which it never will be fully efficient.

In all other directions there are the same institutions for combatant and medical officers alike. Sub-assistant surgeons, before being promoted assistant surgeons, must be selected by their brother officers. In this way, a man's character as a gentleman is considered as well as his professional qualifications.

All medical men can be employed by the Director-General wherever he wishes—a directly opposite system to the regimental one. Leave is also granted by the medical superiors, the commanding officer simply expressing his opinion.

On reviewing the whole matter, we must say that a very important step has been taken in Prussia. The *Lancet* adds that the medical officers have not attained the position they have in the United States army; but in this it manifests an ignorance of "Regulations;" but

there was no tradition to overcome in that country. The Prussian medical officer does not obtain all the rights of combatant officers as concerns the presentation at Court, equal claims to forage, military funerals, etc.; but they cannot fail to obtain these rights at some future period. On the whole we can and ought to learn much and adopt much from this organization.

PROFESSIONAL ETIQUETTE.

There are a number of questions in medical ethics and medical etiquette upon which the mind of the profession is greatly divided. With the increase of medical organizations, and the additional stringency which their rules and regulations impose upon their members, a second party is created, which is constantly growing in strength and demanding with increasing importunity a fair hearing. This second party claims greater freedom in the relations of regular physicians to female practitioners and irregular graduates; it maintains that in surgical mechanics an inventor has a legal right, which it is his duty to himself and his family to insist upon, to the products of his inventions; it asserts that the objections urged against public hygienic and medical instruction are unfounded; it defends the specialist who brings his capacities to the knowledge of the community by advertising; it proclaims that so long as a physician is truthful in his statements, honest in his representations, and honorable in his personal relations, there exist no rules governing his business actions at all different from those of any other occupation. It regards the profession in the light of a trade or as one of the means of making a living, and little or nothing more, and insists with every appearance of probability that whatever to the contrary may be said, this and this alone it is to the vast majority of practising physicians.

It further points out that these regulations and ethical rules bear unfairly and unequally, hindering the young and energetic member while often shielding from well deserved disrespect the superannuated and incompetent; that moreover they are most unfairly enforced, a member of an organization being perhaps

expelled with unbecoming haste for consulting with an irregular practitioner or delivering a lecture in a regular female college, while at another time one confessedly guilty of scandalous and disgraceful practices will be shielded and defended, and every exertion made to avert well deserved punishment; that finally their very stringency often permits regular practitioners to gain profit by those very habits and tricks which are condemned in quacks, and inconsistent with thorough honesty.

These arguments have been at divers times brought before medical associations, and are generally "choked down" as *inconvenant*. But they are daily becoming more deeply felt, and it is quite time that they be fairly met and discussed.

The illiberality of many medical men in this respect often arises from a fear of injuring their own pockets, and consequently is worthy of little respect. And the avoidance of these questions cannot much longer be continued.

So long as a person is a member of a society he should conform to its rules, and no honorable man would subscribe to a series of By-Laws which he did not intend to observe; so in the profession, no one should claim to be a member of it in good standing who declines to act according to the code of ethics it lays down. But there is no reason why this code should not be discussed and modified to suit new circumstances and unexpected contingencies.

Notes and Comments.

Premature Interments.

A week or so since we spoke of an invention of a Frenchman to prevent this casualty. We add a trial recently made at Newark, N. J., of one by an American inventor, as given in the *N. Y. Tribune*.

"At the hour named the inventor made his appearance and laid himself in the coffin, the lid of which was fastened by four screws, two on each side. This coffin was of the ordinary description, with the exception of a wire screen immediately at its head. The coffin was then ornamented with a cross and a quantity of leaves

and white flowers, and the whole—man, coffin, cross, and flowers—lowered by straps into the grave. A large box, rather larger than the customary ones, with a hole two feet square at the head, directly over the coffin screen, was then lowered into the grave. Another box, about two feet in width and seven feet high, was placed in an upright position, one end fitting exactly into the square hole in the coffin box. The earth was thrown upon the box, around the upright, and all was ready for the test. In the upright box was a flight of stairs, by which the ascent to the "upper crust" was to be made. One curious individual looked down the upright, and, seeing the inventor wiping the perspiration from his brow, asked if it was "warm down there?" He narrowly escaped being put from the grounds by the excited Germans present. About an hour after the "burial," Mr. VESTER pulled himself from his coffin by means of ropes attached to the lower portion of the upright, and ascending to the stairs, again appeared upon the earth. He was greeted with kisses and other manifestations of warm approval by a number of his ardent admirers. The exhibition passed off very successfully. Those who witnessed it are divided in opinion as to the utility of the invention. The inventor proposes to place a sort of alarm upon the upright, that the person interred can attract the attention of parties in case assistance is needed, and also intends to place shelves in the upright, within reach of the party buried, on which stimulants may be placed. The invention is claimed to be of inestimable service where parties have been interred in a trance, as well as to relieve persons of the sorrowful thought that perhaps their friends have been buried alive."

What Breaks Down Young Men.

It is a commonly received notion that hard study is the unhealthy element of college life. But from tables of the mortality of Harvard University, collected by Professor PIERCE from the last triennial catalogue, it is clearly demonstrated that the excess of deaths for the first ten years after graduation is found in that portion of each class inferior in scholarship. Every one who has seen the curriculum knows that where *Æschylus* and political economy injures one, late hours and rum-punches use up a dozen; and that the two little fingers are heavier than the loins of Euclid. Dissipation is a swift and sure destroyer, and every young man who follows it is, as the early flower, exposed to untimely frost. Those who have been inveigled in the path of vice are named "Legion," for they are many—

enough to convince every novice that he has no security that he shall escape a similar fate. A few hours of sleep each night, high living, and plenty of "smashes," make war upon every function of the human body. The brains, the heart, the lungs, the liver, the spine, the limbs, the bones, the flesh, every part and faculty, are overtaken, worn, and weakened, by the terrific energy of passion loosed from restraint, until, like a dilapidated mansion, the "earthly house of this tabernacle" falls into ruinous decay. Fast young man, right about!

Death of Professor Schönbein.

The Atlantic Cable reports that CHRISTIAN FRIEDRICH SCHÖNBEIN, of Basle, died recently at Baden-Baden.

He was born at Würtemberg, October 18th, 1799, and at an early age devoted himself to science; but, being far from rich, had to teach in order to get means to complete his studies. In London, which he visited in 1826, he became acquainted with FARADAY; and in 1828 was appointed Professor in the University of Basle, in Switzerland. He became famous in a few years for the boldness and originality of his generalizations; and, although always inferior to several contemporaries, as an experimenter, has, perhaps, never had a superior as a theorist.

In 1839 SCHÖNBEIN made his great discovery of ozone, the form which oxygen assumes under severe electric discharges, and which gives to the air the peculiar odor which prevails after a stroke of lightning. This discovery gave the first impulse to those fruitful inquiries into the influence of different conditions of the atmosphere upon health, which have occupied the attention of M. SCHÖNBEIN and other chemists for many years.

Twenty years later, in 1859, M. SCHÖNBEIN discovered "Antozone," another form of oxygen, which, however, is as yet known only in such compounds as the peroxyds of sodium and potassium. These remarkable results are as prominent as almost any in modern chemistry.

In 1845 M. SCHÖNBEIN invented gun cotton; and for more than a year there was a general belief that the whole military system of projectiles would be changed by it. But the explosive violence of the gun cotton was found too great and too uncontrollable for this use; and it was employed chiefly for blasting.

But among the singular properties of gun cotton, it was found to be perfectly soluble in ether, and after many experiments by chemists, this solution, to which the name of collodion had

been given, was found to be the best material to be "sensitized" for photographic impressions. Mr. F. SCOTT ARCHER announced in the *Chemist* of March, 1851, his success in making iodized collodion for this purpose, and from that time, the art of photography may be considered a success.

M. SCHÖNBEIN was the author of several treatises on iron and its combinations with oxygen, on physical chemistry, on combustion, and on the results of his own discoveries. In private life he was universally esteemed.

Health of Providence, R. I.

Dr. SNOW in his monthly health report says:

"There was a large increase of mortality in Providence during the month of August, and, as will be seen hereafter, especially among very young children. The first three days and some other portions of the month were characterized by great heat and extreme moisture, producing an atmosphere plainly laden with poison to the public health. We have not for several years in Providence seen any time when the causes of disease was so palpable in the atmosphere, as during some portions of the month of August. Similar effects were seen in other cities, and in most of them to a far greater extent than in Providence.

"There has been no reason to suspect that any increase of mortality has occurred in this city on account of diseased food, animal or vegetable. On this subject it is probable that the ideas commonly entertained by the people are to some extent erroneous. We are satisfied that much more acute disease is caused by the air we breathe than by the food we eat. Even when food is the apparent cause of sickness, the real cause is often the foul air that has brought the system into a condition to be acted upon injuriously by food, which under other circumstances would do no harm."

The Action of Anilines.

Now that the preparations of aniline are used so extensively in the arts, it is well for physicians to study the effect of these organic compounds on the animal economy. In a late number of the *Comptes Rendus*, two French physicians, JOLYET and CANOURS, relate the result of their experiments on frogs with methylaniline, ethylaniline, and amylaniline. While the vapor of aniline caused convulsions and cramps, that of methylaniline produced only a dull, stupid condition, passing into a paralysis of reflex action and respiration. The cardiac motion continued,

the excitability of the nerves was diminished, but not of the muscles.

Nelaton a Senator.

NELATON has been made a Senator—an honor which until now has been withheld from French surgeons. Now that a precedent has been established, we hope we shall hear of more liberal honors being bestowed on the profession in France than hitherto.

Correspondence.

DOMESTIC.

An Anomalous Case in Obstetric Practice.

EDITORS MED. AND SURG. REPORTER:

I was called on the 29th of August last, in consultation, to see Mrs. F., residing seven miles from this village, who had been in rather severe labor for about sixty hours.

The physician in attendance stated that he had been unable to find the os uteri, but did not know whether that was owing to its extreme obliquity or to absence of the os. Upon examination I found that there was no obliquity. I could reach the posterior vaginal cul de sac, and sweep the finger entirely around the presenting part of the uterus, up to its vaginal connection.

The vertex could be felt through the uterus, which presented a slight convex, perfectly smooth surface, excepting a slight papilliform projection in the centre of the depending part, where the os should have been. *There was no opening*, unless possibly a very small fistulous one under the pabilla above mentioned, but which was too small to be palpable, or to afford a sufficient "point d'appui" for commencing dilation. I proceeded at once to make an artificial opening, which was readily done by passing up a bistoury upon my finger, and making a crucial incision half an inch in diameter. The uterus then gradually dilated, and in two hours the head was engaged, and in two hours more had reached the inferior strait, which proved to be abnormally contracted in all its diameters. After waiting an hour, the pains being strong and expulsive, and the strength and courage of the patient rapidly waning, I applied the forceps, and with considerable difficulty, making vigorous traction and compression of the foetal head, succeeded, in twenty minutes, in delivering a living and vigorous child. Mother and child since doing well.

The following history of the case will throw light upon the cause of the obliteration of the cervix, for such it was, and not simply agglutination of the lips.

The woman was confined for the first time some three years before; was sick three or four days; and finally, the physicians, of whom several were in attendance, performed craniotomy—the head being locked at the inferior strait—and they deciding that the use of the forceps was impracticable.

They then used “tooth forceps” to remove the cranium, and after much “work” succeeded finally in removing the mutilated child. The woman had a tedious convalescence; and I presume had inflammation of the cervix, as there was profuse fetid and purulent discharge per vaginam, but finally got well; menstruated regularly, but with difficulty and pain; and finally, conceived again.

There must, of course, have been a fistulous connection between the vaginal canal and the uterus, but I think this became obliterated after pregnancy began, and that when labor began there was complete obliteration of the cervix.

W. F. RIDENOUR, M. D.

Oberlin, Ohio.

Preparation of Quinine Pills.

EDITORS MED. AND SURG. REPORTER:

In the REPORTER of April 11th, 1868, Dr. W. STUMP FORWOOD, of Maryland, contributes an article upon the most eligible mode of preparing pills of sulphate of quinia, and proposes an addition to PARRISH's formula for the preparation of these pills. The objection to the process proposed by Dr. F. is, that the mass still remains friable, or soon becomes so, after the addition of the second portion of the aromatic sulphuric acid, and the same expedition is necessary in the treatment of the mass, that was requisite before the second addition of acid was made.

I have long been in the habit of preparing quinine pills in a manner much more satisfactory than that above referred to, which, with your permission, I will lay before your readers.

I add to the sulphate of quinia, a small quantity of tartaric acid, and, after thoroughly incorporating the two in a glass mortar, add a very small quantity of water or syrup.

The mass at once assumes a soft consistence, which is retained for some time, and admits of its being rolled, treated with drying power, and otherwise handled, as the pilular mass made by other substances. This permanence gives one not skilled in pharmacy ample time to prepare

the pills without haste; a *sine qua non* when uniformity of size is desired. Should the mass become dry, a little water or syrup will restore it to a proper consistence.

The formula which I employ is as follows:

R. Quiniae sulphatis,	℥j.
Acid, tartaric,	gr. iv.
Aqua,	℥j.

Triturate the quinia with the acid until thoroughly incorporated, then add the water. Divide into any number of pills desired. If the acid is dry this quantity of water is right; if it contains much water of crystallization, it is too much. The advantages of this formula are: 1st, the mass is tenacious, and easily worked; 2d, it does not readily lose its pilular consistence, thus enabling the operator to prepare a large number of pills at once; 3d, the bulk is small, being no larger than when made by PARRISH's formula, and 4th, it can be prepared by any one possessing the most ordinary pharmaceutical skill.

LOUIS E. ATKINSON, M. D.

Thompsontown, Aug. 26, 1868.


Spontaneous Evolution.

EDITORS MED. AND SURG. REPORTER:

On April 19th, at 2, A. M., I was called to see Mrs. Ellinghausen, living five miles distant. Mrs. E. was born in Germany, æt. 26, and mother of two healthy children. She was in the 8th month of pregnancy; and was, as she supposed, in consequence of severe exertion on the 17th, taken with labor pain on the evening of the 18th. A midwife, so called, was in attendance. The membranes had given way during the first pains and all the waters discharged. I found the left hand and arm protruding. There had been no pains for more than an hour. I at once returned the protruded parts and sought to obtain a foot; before I could succeed, pains returned so severe and continuous, that in less than half an hour the child was born without version; the head pressed against the chest, but the sternum had not given way. The child had to all appearance been dead for hours, was small, weighed 4lb. 8oz. I visited Mrs. E. for several days after delivery, no untoward symptom appeared, she made a rapid recovery and was able to sit up and sew all day on the 15th day after delivery.

A. D. PAULUS, M. D.

High Hill, Texas.

[ Readers of the REPORTER are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."]

News and Miscellany.

Report of Wills' Hospital.

The following summary shows the work of Wills' Hospital for the month of August, 1868: Patients admitted in August—males, 11; females, 4. Total, 15. Patients discharged in August—males, 12; females, 6. Total, 18. Of these there were cured, 14; improved, 3; unimproved, 1. Patients now in the hospital—males, 6; females, 5. Total, 11. Surgical operations in August—On house patients, 17; on dispensary patients, 18. Total, 35. Number of new patients applying at dispensary, 211; number of old patients applying at dispensary, 65; whole number of patients treated in August, 291; from the city, 249; from the country, 42.

Poisoning.

Important—if true! Mr. JOHN STEPHENS writes from Green Bay that a family down there somewhere were poisoned, and on calling Dr. PEARCE, he examined the cases carefully, and finally came to the conclusion that they must have been poisoned by eating new potatoes, on the vines of which Paris green had been sprinkled to kill the potatoe bugs. If this is so, it is of the utmost importance for the people to know it, for that article has been used extensively here to kill bugs.

Aniline.

Aniline, when inhaled, produces intoxication and anæsthesia, and, when taken internally in excessive doses, symptoms resembling those produced by strychnia. In small doses it is safe, though it occasionally causes an abnormal (purplish) coloration of the mucous membrane. The colored derivatives of aniline, fuchsine, blue, etc., when free from arsenic and other poisonous admixtures, are quite innocuous, and when taken are readily excreted.

— Dr. J. AITKEN MEIGS was elected one of the Physicians of the Pennsylvania Hospital by the Board of Managers of that institution, on Monday, the 7th inst. The selection is an admirable one.

— Cholera is prevalent, according to the news brought by a late mail, amongst the native population in various parts of the Central Provinces, particularly at Jubbulpore; and the troops at Kamptee are reported to be somewhat seriously affected by the epidemic.

— Prof. GAMGEE has made a report to the effect that one-fifth of the meat eaten in Great Britain, whether beef, mutton, veal, or lamb, is diseased. Prof. GERLACH states that half the meat consumed in Berlin is diseased. How about the United States? The butchers in New York say the demand for beef has largely diminished, in consequence of popular doubt upon this point.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

BARRETT-GALE.—At the Re-formed Church, Port Richmond, S. I., by the Rev. James Brownlee, Frank N. Barrett and Mary Edith, only daughter of Dr. A. G. S. Gale.

CREADICK-NOWELL.—Aug. 25, 1868, at the residence of the bride's parents, by the Rev. J. B. Maddux, Samuel Creadick, M.D., and Miss Florence Nowell, both of this city, formerly of Kent county, Del.

GILLBEE-BEALES.—On Thursday, Sept. 3, by the Most Rev. the Archbishop of New York, James Gillbee of Ponce, Porto Rico, and Sarah Langworthy Beales, daughter of Dr. T. C. Beales, of New York.

PURCELL-HASKIN.—On Tuesday, Sept. 1st, at Fort Schuyler, N. Y., by the Rev. H. J. Plattory, Dr. Jas. J. Purcell, of New York city, and Sallie Blade, second daughter of Brig Gen. J. A. Haskin, U. S. A.

STRANG-DEFEW.—At Peekskill, N. Y., on Wednesday, Sept. 2d, by the Rev. Mr. Johnson, Albert Strang, M.D., of New York, and Kate, daughter of Isaac Denev, Esq.

STUBBS-HAINES.—At the Girard House, Philadelphia, Sept. 10, by his Honor, Mayor McMichael, Charles H. Stubbs, M.D., and Sallie B., only daughter of Timothy and Rachel E. Haines, both of Fulton Township, Lancaster co., Pa. No cards.

WILLIAMS-COOLEY.—On Tuesday, Sept. 8, 1868, by the Rev. Howard Crosby, D.D., J. A. Williams, M.D., of Illinois, and Fannie, youngest daughter of the late Henry A. Cooley, of New York.

DIED.

BACON.—Sept. 1st, near Springfield, Ill., while returning, on sick leave from his station at Baton Rouge, La., to his home at Niles, Mich. Brevet-Major Cyrus Bacon, Jr., Ass't Surg. U. S. A., aged 32 years.

CROSS.—At Elizabeth, N. J., Aug. 25, Mary R. Haines, wife of Joseph Cross, M.D.

KING.—At his residence in Brooklyn, on Wednesday afternoon, Sept. 2, Dr. Theodore F. King, in the 63d year of his age.

MARSHALL.—At Grand Gulf, Miss., on Thursday, Aug. 27, Elizabeth S. Morris, wife of St. J. Elliott Marshall, and daughter of Richard L. Morris, M.D., of Pelham, Westchester County, N. Y.

McMILLAN.—On Tuesday morning, the 8th inst., Arthur Henderson, son of Dr. Charles and Emeline Arthur McMILLAN, in the 8th year of his age.

MEAD.—At Charity Hospital, Blackwell's Island, New York, Aug. 24, Dr. J. Calvin Mead, House Physician, aged 24 years.

PENNOYER.—At Harlem, N. Y., suddenly, on Tuesday, Sept. 1, Nancy Pennoyer, sister of the late Dr. Ezekiel Pennoyer, in the 80th year of her age.

SHREVE.—On the 3d inst., at Berlin, N. J., Charlotte Newbold, daughter of Dr. Joseph and Catharine R. Shreve, aged 5 years.

VANDERBURGH.—At Rhinebeck, on Monday night, Aug. 21, Mrs. Hester Orinda Vanderburgh, widow of the late Federal Vanderburgh, M.D.

WESTERVELT.—On Wednesday, Aug. 26, at the residence of Dr. J. S. Westervelt, his grandfather, New Brighton, S. I., John, infant child of Tompkins and Anna T. Westervelt, aged 27 days.

WHITNEY.—In New York, on Thursday, Sept. 3, Dr. Thomas H. Whitney, in the 50th year of his age.